**To: 2007 Senate**
**From: Montana Athletic Trainers Association**

Re: Letter of Intent for Licensure of Athletic Trainers
Addressing question proposed as part of SB 53 (2007). 1000 word limit

The questions are in *italics* is immediately followed by the answer.

**Introduction:**

The profession of athletic training has – as have other disciplines – evolved rapidly over the past twenty-five years. The educational standard today is a baccalaureate degree from an accredited institution. There is a nationally recognized certifying agency (the Board of Certification, Inc., or BOC). The BOC has created a Role Delineation Study that assures that the certification examination matches today's practice. Athletic trainers (AT) are considered allied health care professionals by the American Medical Association, and they provide medical care in a variety of settings to physically active individuals. There are six specific areas or domains of practice specified by the Board of Certification.

(1) Prevention The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

(2) Immediate Care The athletic trainer provides standard immediate care procedures in emergency situations, independent of setting.

(3) Clinical Evaluation and Diagnosis

Prior to treatment, the athletic trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

(4) Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the treatment.

(4a) Program Discontinuation

The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient's status.

(5) Organization & Administration

All services are documented in writing by the athletic trainer and are part of the patient's permanent records. The athletic trainer accepts responsibility for recording details of the patient's health status.

(6) Professional Responsibility

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all athletic trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code.

Athletic Trainers complete rigorous baccalaureate or masters level education programs. (More than 70 percent of certified athletic trainers hold at least a master's degree.) The educational programs include both didactic and clinical education (practice) components throughout the two year minimum. The completion of the education program results in students' eligibility to sit for a national BOC examination. Passing the exam leads to certification of the athletic trainer (ATC). Certified athletic trainers are health care professionals who specialize in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. As part of a complete health care team, the certified athletic trainer works with licensed physicians and in cooperation with other health care professionals, athletics administrators, coaches and parents.

Once certified, ATC's must meet ongoing continuing education requirements in order to remain certified.

***(a) How licensing would protect and benefit the public and, in particular, how the unregulated practice of the profession or occupation would pose a hazard to public health, safety, or welfare or the common good;***

The primary purpose of the proposed licensure for athletic trainers is to benefit and protect the public. Anyone in the public could potentially be medically treated by an athletic trainer. Particularly, students in schools are protected.

Maintaining current unregulated practice of athletic trainers' poses a significant hazard to the public health, safety or welfare. Licensure specifies levels of education, practice and certification for practitioners. Allowing individuals who lack accredited education or fail to maintain current practice knowledge to evaluate and care for injuries may lead to further injury or harm. Because of the potential for severe and life-threatening injuries in sports, long term neurological and even possible deaths are hazards to the public likely exacerbated by untrained individuals.

Further, with the proliferation of personal trainers and other types of "fitness" practitioners, the public is confused about qualification and oversight of these

individuals. There is no assurance that children in sports programs or adults in recreational settings are receiving treatment from qualified individuals.

Last, as the number of states with regulatory oversight dwindles (at least two of the six currently unregulated states are expected to enact licensure this year), Montana runs the risk of becoming the dumping ground for unscrupulous or unqualified athletic trainers.

**(b)** ***the extent of practitioners' autonomy, as indicated by the degree of independent judgment that a practitioner may exercise or the extent of skill or experience required in making the independent judgment;***

Athletic trainers are unique in that they provide prevention, emergency care, and rehabilitation. They work with the physically active to avoid injuries, are there to provide immediate care in case of injury, and work with them to recover from injury and return to their previous level of activity. Athletic trainers work in collaboration with and under guidelines from physicians, but they are the primary decision makers for when and if to contact or refer to the physician.

"Return to play" is the decision made by the athletic trainer about whether an injury is severe or whether the individual is able to resume activity. Seen most often when the a participant is down on the field, "return to play" can only be determined by the athletic trainer or licensed physician or practitioner. Coaches and even parents and the injured person often have an inherent conflict of interest in making this decision.

**(c)** ***the distinguishable scope of practice;***

The prevention, emergency care, and rehabilitation aspects of athletic training distinguish them from other allied health practitioners.

**(d)** ***the overlap or shared practices with an existing, licensed profession or occupation;***

MD – The MD provides guidance to the athletic trainer but delegates decision-making under those guidelines.

PA-C Physician Assistant - Certified

PT – Physical therapists perform rehabilitation.

EMT-Paramedic – EMTs/Paramedics provide emergency care.

Health Educator – Health educators provide preventive information and guidance.

Personal Trainer – Provides strength conditioning and fitness instruction to clients.

***(e) the degree, if any, to which licensing would restrict entry into the profession or occupation for reasons other than public health, safety, or welfare or the common good;***

There is one educational mechanism for entry into AT. Licensure does not change the educational and national certification pathway.

***(f) the specialized skills or training required for the profession or occupation;***

Baccalaureate or Masters degree program with specialized education in 20 educational areas with accompanying "clinical internship," or clinical education experience or practice of AT. Completion of competencies is a degree requirement.

***(g) the proposed qualifications for licensure;***

Minimum of a baccalaureate degree and certification through the BOC qualifies an AT. Maintenance of CEU's to continue licensure.

***(h) whether a licensure exception would be provided to existing practitioners and whether those eligible for the exception would be required to meet proposed qualifications at a certain time;***

Exemption for other allied health care professionals' specific practices as in statute. Exemption of some unregulated practices for school staff. Specifically exempt two professions not in statute, massage therapists and personal trainers.
Existing practitioners will be licensed.

***(i) a list of other states that license the profession or occupation;***

We will provide a informational sheet for all of the states if requested. Forty-four (44) states have some form of statute. AK, CA, MD, MT, WA and WV do not have regulation.

***(j) regulatory alternatives other than licensing that are available to the practitioners of the profession or occupation; and***

Exemption to MD, PA-C, Nurse, OT, PT, EMT and other potentially conflicting licensure, see Title 37; 3,6,8,11,12, 20, 24, 26. Registration.

***(k) previous efforts, if any, to regulate the profession or occupation.***

2005 Regular Session, HB 461.

***(3) In order to help in the determination of licensing costs, the letter of intent must contain a good faith effort to provide answers to the following questions:***

***(a) how many licensees are anticipated, including the number of practitioners in Montana;***

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***(b) what is the proposed makeup of the licensing board; and***

Five (5) member board with three AT's one MD and one public member.

***(c) what are the projected annual licensing fees based on information from the department of labor and industry for all costs associated with a board of the projected size.***

See current bill HB 665 FN. $750 for three years or $250 per year for the first three years with an anticipated decrease in the fourth year and stable thereafter.